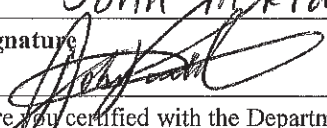


ATTACHMENT 3
BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "Bid Submittal - Do Not Open".
- B. All required attachments are included with this certification sheet.
- C. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- D. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

1. Company Name <i>Central Valley Comprehensive Care</i>	2. Telephone Number <i>(559) 582-2929</i>	2a. Fax Number <i>(559) 582-7705</i>
2b. Email Address <i>OVComp.Care@gmail.com</i>		
3. Address <i>809 W. Lacey Blvd. Hanford, CA 93230</i>		
Indicate your organization type:		
4. <input checked="" type="checkbox"/> Sole Proprietorship	5. <input type="checkbox"/> Partnership	6. <input type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No. (FEIN) XXXXXXXXXX	8. California Corporation No.	
Indicate the Department of Industrial Relations information:		
9. Contractor Registration Number		
Indicate applicable license and/or certification information:		
10. Contractor's State Licensing Board Number	11. PUC License Number <i>CAL-T-</i>	
12. Bidder's Name (Print) <i>John M. Ridak M.D</i>	13. Title <i>MD</i>	
14. Signature 	15. Date <i>2-12-19</i>	
16. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) as:		
a. Small Business Enterprise Yes <input type="checkbox"/> No <input type="checkbox"/>		
b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, enter certification number: _____		
If yes, enter your service code below: _____		

NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes".
Date application was submitted to OSDS, if an application is pending: _____

STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

BID PROPOSAL

ADM-1412 (REV. 11/2015)

ATTACHMENT 1

CONTRACTOR'S NAME (Please Print): <i>John Riddle MD</i> <i>Central Valley Comprehensive Care</i>			CONTRACT NO.		
ITEM NO.	ESTIMATED QUANTITY	UNIT OF MEASURE	ITEM	UNIT PRICE (Price Per Unit of Measure)	TOTAL (Estimated Quantity X Unit Price)
1	45	Each exam	DMV Renewal Examination, as described in Exhibit A, Scope of Work	\$ 179 ⁰⁰	\$ 8,055 ⁰⁰
2	45	Each Exam	Respiratory Compliance Examination, as described in Exhibit A, Scope of Work	\$ 79 ⁰⁰	\$ 3,555 ⁰⁰
3	10	Each Exam	Audiometric Examination (non-preemployment), as described in Exhibit A, Scope of Work	\$ 50 ⁰⁰	\$ 500 ⁰⁰
4	13	Each Exam (price includes Medical and Audiometric exams)	Pre-Employment Medical and Audiometric Examination, as described in Exhibit A, Scope of Work	\$ 229 ⁰⁰	\$ 2,977 ⁰⁰
5	15	Each shot	Hepatitis A (HAV) Vaccination, as described in Exhibit A, Scope of Work	\$ 79 ⁰⁰	\$ 1,185 ⁰⁰
6	15	Each Shot	Hepatitis B (HBV) Vaccination, as described in Exhibit A, Scope of Work	\$ 79 ⁰⁰	\$ 1,185 ⁰⁰
<p>(1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED.</p> <p>(2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.</p>					<p>TOTAL THIS PROPOSAL</p> <p>\$ 17,457⁰⁰</p>